

Immunization and Child Profile Update

fall | 2012

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hot topic >>>

Our Registry has a New Name!

After extensive planning and research, the Child Profile Immunization Registry has been renamed the Washington State Immunization Information System. This change will take us several months to fully rollout. This transition is very important and we are accomplishing it within existing resources. Thank you for your patience as we update our documents, forms, training materials, and webpages.

This change reflects the lifetime nature of the system because people of all ages in Washington State benefit from the Immunization Information System. This name change will not alter our services. The system will continue to work with our health promotion system—still using the name Child Profile—to serve the state's healthcare

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Working Together—Immunization Update from the Office Director

It's that time of year again! The national estimates of immunization coverage for toddlers and teens were recently released. There's some good news for Washington State in these data. The Centers for Disease Control and Prevention (CDC) provides data on coverage for each recommended vaccination.

For toddlers, they also provide a coverage rate for a combination of vaccinations that kids should get called a vaccination series. For the first time ever, our state is above the national average for the toddler vaccination series. This gain in immunization coverage represents another year of improve-

ment in our rates since 2002. We haven't yet reached the goal of 80 percent coverage for the vaccination series, but are getting closer.

Coverage specifics

Seventy-five percent of Washington toddlers got the full series of recommended vaccinations in 2011. This is up from 71 percent in 2010. The national average for 2011 is 74 percent.

Our national ranking also improved. In 2010, we ranked twenty-ninth and are now eighteenth.

Vaccinations included in the toddler series are DTaP, polio, MMR, hepatitis B, chickenpox, and pneumococcal.

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ask the nurses >>>

Q: A student showed up on an out-of-compliance report according to our school immunization software program. When I look this student up in the Washington State Immunization Information System (formerly Child Profile Immunization Registry) it says he doesn't need more doses. Why doesn't the school system match the state system? What should I do when I see differences?

A: The Immunization Information System is programmed per the Advisory Committee on Immunization Practices' (ACIP) recommendations. School immunization requirements match ACIP recommendations most of the time, but not always. Also, schools use many different software programs that

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Our Registry has a New Name, Continued from Page 1

system and users in the most comprehensive ways possible. The Child Profile Health Promotion System distributes health and safety mailings to Washington parents of kids aged birth to six years.

Why the change?

- The system is a lifetime registry with records for Washington residents of all ages. The former name implied a focus on kids only and was a barrier to providers and the public embracing the system for immunization records for people of all ages. By linking the registry to the name Child Profile, providers and users across the state were unaware of the services available to people of all ages.
- The new name removes this barrier and will increase adoption of the system and its benefits to providers and users across the state.
- Ninety-five percent of Washington providers use the registry as a key tool in their services. It's important that everyone is aware of what the Immunization Information System provides for people of all ages in our state.
- This change provides an opportunity to increase public awareness,

community engagement, and build support for the system.

What does the Immunization Information System provide?

- Reliable data. The Immunization Information System helps ensure people of all ages get the right vaccines at the right time. Providers can record vaccinations in the system, which helps them know when their patients need which vaccines.
- Healthier communities. The Immunization Information System is critical for doctors, nurses, public health staff, health educators, and more. The system helps providers give the right vaccines and acts as a state resource to protect the public during outbreaks of vaccine-preventable diseases. This leads to safer and healthier communities across our state.
- Powerful tools. Not only are up-to-date immunization records readily available for people to give to schools, child care, camps, colleges, employers, and more, but schools can verify records and providers can order vaccine, too.

Check out the [new website to access the Immunization Information System](#) and the updated [Department of Health webpages](#).

Flu Vaccine Has Arrived—Start Encouraging Flu Vaccinations

Flu season is fast approaching. Vaccine is already in healthcare provider offices, which means it's time to encourage flu vaccination now before we start to see disease in our communities. Get the word out now about the importance of flu vaccination to

help our communities prepare for the arrival of flu.

Use messages similar to last year about flu vaccination for the 2012-2013 season. Focus on yearly vaccination as the first and best defense against flu, vaccination of high-risk

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Flu Vaccine Has Arrived, Continued from Page 2

groups including healthcare workers and caregivers, and make sure that kids under nine get a second dose of flu vaccine if needed.

Providers play an important role in recommending yearly flu vaccination because they're the most trusted source of information for patients and the public. Help stop the spread of flu by getting vaccinated yourself and encouraging patients to get a yearly flu shot as soon as it's available.

Everyone six months and older needs a yearly flu shot. It's especially important for people at high risk for flu, like babies; young kids; pregnant women and women who recently gave birth;

older people; and people with certain medical conditions, like asthma, lung diseases, heart disease, diabetes, and neurologic conditions.

This season's vaccine contains different strains than the 2011-2012 vaccine. The dosing for kids under nine has changed. Kids aged six months through eight years may still need two doses of flu vaccine spaced about four weeks apart for the best protection. For current recommendations, see the [dosing algorithm in the 2012-2013 Advisory Committee on Immunization Practices' \(ACIP\) recommendations](#).

The Department of Health purchased

over 721,500 doses of flu vaccine for kids for the 2012-2013 season. It's available at no cost to all kids under 19. Providers may charge an office visit fee and/or a fee to give the vaccine (called an administration fee). The administration fee can be waived for people who can't afford it.

Visit the department's [flu webpage](#) for free materials and information to help prepare for flu season and to communicate with the public about the importance of vaccination. Watch our [flu videos on YouTube](#) and join our public health conversations on [Facebook](#) and [Twitter](#).

adult & adolescent >>>



Prevent Pertussis among Adolescents

Pertussis (whooping cough) causes severe coughing spells that can lead to breathing problems, vomiting, and disturbed sleep. It can cause weight loss, incontinence, rib fractures, and fainting from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with whooping cough are hospitalized or have complications, including pneumonia.

Everyone aged 11 and older needs one dose of Tdap vaccine. It was licensed in 2005. It's the first vaccine for adolescents and adults that protects against whooping cough. Adolescents and teens have one of the highest rates of whooping cough in our state.

It's important to consider whooping cough as a diagnosis in young peo-

ple who have a cough illness, even if they've been vaccinated. Adolescents with whooping cough often make repeated medical visits and frequently miss school, which means parents and caretakers miss work. Delayed diagnosis contributes to whooping cough outbreaks at middle and high schools where disease can spread quickly because of close contact among students. Protection from Tdap vaccine also wears off over time, creating more risk.

Healthcare providers can use immunization reminder/recall to improve adolescent immunization rates. The Washington State Immunization Information System (formerly Child Profile Immunization Registry) creates reminder/recall reports that show which patients are due or overdue

for immunizations. The system can generate reports in different formats, including:

- Patient phone lists.
- Mailing labels or postcards.
- Letters.
- Autodialer files.
- E-mails (requires the parent or patient's e-mail address on the patient's demographic page).

If you have questions or need help running reminder/recall reports, contact the [Immunization Information System Help Desk](#) at 1-800-325-5599.

Learn more

Our state's whooping cough epidemic continues to change. Check the [Department of Health's Pertussis Epidemic webpage](#) for the latest outbreak data. Also find more information about [pertussis](#) and [Tdap vaccine](#) online. Find all [Advisory Committee on Immunization Practices' recommendations](#), including Tdap vaccine, online.

Ask the Nurses, Continued from Page 1

The Office of Immunization and Child Profile public health nurses are Shana Johnny, RN, MN; Trang Kuss, RN, MN, MPH; and Diana McMaster, RN, MHA. E-mail questions to immunenurses@doh.wa.gov and look for selected questions in the next newsletter.

This edition of Ask the Nurses focuses on DTaP, Td, Tdap, and IPV vaccine school requirements.

DTaP/Td/Tdap

may not accurately reflect school immunization requirements.

If you see differences or question the out-of-compliance report, talk to your school's software program contact person. For example, if you use the Washington School Information Processing Cooperative Skyward program, contact the regional data center.

Q: Who needs a second dose of Tdap vaccine?

A: At this time, the recommendation is for only one dose of Tdap vaccine. In the future, the ACIP will discuss the need for more doses.

Q: Do students who had pertussis still need to get Tdap vaccine?

A: Yes. There is currently no acceptable proof of immunity for pertussis by lab work. Even if a student got pertussis, lab evidence is not considered proof of immunity. To meet school entry requirements for pertussis, students still need a dose of Tdap vaccine. Also, immunity from the disease wears off over time, so vaccination is still beneficial.

Q: How many doses of DTaP vaccine do students need for school entry?

A: Students need five doses of DTaP vaccine for school entry. However, if a student got only four doses and got the fourth dose after age four, the student doesn't need any more doses.

Q: Do students need to wait five years to get Tdap vaccine after getting DTaP vaccine?

A: No. The ACIP no longer recommends a five-year interval between DTaP/Td and Tdap vaccines.

Q: What are the new Tdap requirements for students aged 7 through 10 years?

A: A single dose of Tdap vaccine is required for students aged 7 through 10 years who did not complete a series of DTaP vaccine or who never got any doses of DTaP vaccine before age 7.

Q: According to the school immunization requirements, Tdap vaccine is required for students over age 11. If a student got Tdap vaccine at age 10, does it count as a valid dose?

A: Yes, if a student got Tdap vaccine at age 10, count the dose as valid. The dose does not need to be repeated. One of the Tdap vaccines, Boostrix, is licensed for 10-year-olds. Also, at this time, students only need one dose of Tdap vaccine.

Q: What about a student who got five doses of DTaP vaccine by age five and then got Tdap vaccine at age eight. Does the student need another dose of Tdap vaccine at age 11?

A: No. The ACIP recommends Tdap vaccine for students aged 7 through 10 not fully immunized with the pri-

mary series of DTaP vaccine, so students who got Tdap vaccine at age 8 don't need another dose at age 11. Students over seven only need a single dose of Tdap vaccine at this time.

Q: If a student got DTaP vaccine and only four months passed between doses three and four, is this dose valid?

A: The ACIP recommends six months between DTaP vaccine doses three and four. If at least four months passed between these doses, dose four doesn't need to be repeated.

Q: A student got DTaP vaccine instead of Tdap vaccine at age eight. Does the student need a Tdap vaccine to meet the sixth grade requirement?

A: No, the DTaP dose is valid and the student does not need Tdap vaccine.

Q: In the past, students needed only three doses of DTaP vaccine to be in compliance. Can I count three doses as valid?

A: No, students need at least four doses of DTaP vaccine, with the fourth dose given on or after age four.

Q: A five-year-old kindergartener has only two doses of DTaP vaccine. How many more doses does the student need?

A: The student needs at least four doses of DTaP vaccine in total, so this student needs two more doses if all the intervals are correct. Four weeks must separate doses two and three; six months should separate doses three and four. If the student does not complete the DTaP vaccine series by age seven, the series should be

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Ask the Nurses, Continued from Page 4

completed with Tdap or Td vaccines after age seven.

Q: A 12-year-old student got one dose of DTaP vaccine at age 2 and Tdap vaccine at age 11. How many more doses should this student get?

A: To complete the series, this student needs only 1 dose of Td vaccine at least 6 months after the Tdap vaccine dose given at age 11. After that, the student needs a booster dose of Td every 10 years. Find the [recommended catch-up immunization schedule](#) online.

Q: A 12-year-old student got 1 dose of DTaP vaccine at age 7 months, 1 dose at 15 months, and 1 dose of Tdap vaccine at age 11. Does this student need more doses?

A: Yes, according to the [recommended catch-up immunization schedule](#), this student needs one dose of Td vaccine to complete the series.

Q: A new fifth grade student got the first dose of DTaP vaccine at age five, then a dose of Td vaccine at age seven. Does this student need to get Tdap vaccine?

A: Yes, according to the ACIP recommendations, this student needs to catch-up by getting Tdap vaccine. The ACIP recommends Tdap vaccine for students aged 7 through 10 who are not fully immunized against pertussis.

Q: If an eight-year-old student never got the primary series of DTaP vaccine, what does he or she need at this time?

A: Students aged seven and older need one dose of Tdap vaccine fol-

lowed by two doses of Td vaccine. Four weeks should separate Tdap and Td vaccines, followed by at least six months between Td vaccine doses two and three. After this, a student needs a Td booster every 10 years.

Q: I heard that students are less likely to get severe pertussis disease if vaccinated. Is this true?

A: Yes. Vaccinated people usually have milder symptoms, a shorter illness, and are less likely to spread the disease to other people.

Q: If a student got a dose of Td vaccine at age 11 or 12 and never got Tdap vaccine, should the student get a dose of Tdap?

A: Yes. All adolescents need one dose of Tdap vaccine to protect them from pertussis, even if they already got Td vaccine.

IPV

Q: What are the IPV requirements for kindergarteners and new first graders?

A: The ACIP updated IPV recommendations on August 7, 2009. The new IPV requirement started in the 2011-2012 school year for kindergarteners. The requirement only affects kindergarteners and new first graders in school year 2012-2013.

Summary of requirements:

- Students need four doses of IPV vaccine. However, if a student got dose three on or after age four, then dose four is not needed.
- If dose four was given on or after August 7, 2009, it must be given on or after age four.
- If dose four was given on or after August 7, 2009, it must be sepa-

rated from dose three by at least six months.

Q: What happens if a student got dose four of IPV vaccine before August 7, 2009?

A: If a student got dose 4 before August 7, 2009, it must be given after 18 weeks of age and 4 weeks must separate doses 3 and 4. At least four weeks must separate doses one, two, and three.

Q: If a student got three doses of IPV vaccine, the last one after age four, does the student need another dose?

A: No, if the student got dose three after age four, the student does not need another dose of IPV vaccine.

Q: For the same student who got three doses of IPV vaccine, one after age four, how many months must separate doses two and three?

A: Six months must separate doses two and three if the student got dose three after August 7, 2009. If the student got dose three before August 7, 2009, four weeks must separate doses two and three.

Q: I reviewed the record of a ninth grader who got IPV vaccine dose four at age three. The student got dose four before August 7, 2009. Does the student need another dose?

A: No, this student got the fourth dose before August 7, 2009 when the ACIP recommendations allowed for dose four before age four. Also, the IPV vaccine requirements don't apply to ninth graders, just kindergarteners and new first graders.

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Pregnancy and Immunizations: Healthcare Providers are Key to Protecting Women and Babies

Immunizations are very important for pregnant women because they get much sicker when they have respiratory diseases compared to women who aren't pregnant. During pregnancy, women:

- Experience changes to their immune system that can make them more sensitive to the flu.
- May have difficulty breathing due to the size of the fetus.
- Are more likely to have medical visits and have longer stays in the hospital.
- Are at higher risk of premature labor and delivery if they get the flu.

During the 2009 H1N1 pandemic, a large number of deaths occurred among pregnant women. They made up 5 percent of all deaths in the United States, even though they represent only 1 percent of the population. They also had a higher number of hospitalizations.

Flu vaccine is a safe way to protect moms and unborn babies from serious flu illness and complications. It's very important for pregnant women to get a flu shot. Vaccination during pregnancy protects both the mom and her infant (up to age six months) from flu, hospitalizations, and flu-related preterm birth. Some common reasons pregnant women in our state say they don't get flu vaccine is because they don't know it's needed or because of safety concerns. Health-

care providers should be ready to answer questions about the safety of vaccines for pregnant women.

Research shows that advice from a provider plays a critical role in a pregnant and postpartum woman's decision to get vaccinated. According to Washington State [data from the Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#), **women who are offered or recommended to get flu vaccine by their provider are three times more likely to get the vaccine** than women who are not offered or have the vaccine recommended to them.

It's also important for pregnant women to get Tdap vaccine. It protects moms and babies against whooping cough complications. Because whooping cough continues to circulate in our state, providers need to offer this vaccine to pregnant women at 20 weeks gestation or later. Babies suffer the most from this disease because their immune systems are not mature enough to fight it and they're too young to get vaccinated. Most babies who get the disease catch it from immediate family members. It's extremely important for everyone around babies to get Tdap vaccine.

Encourage pregnant and postpartum moms to get flu and Tdap vaccines. Providers play a crucial role in helping to prevent flu and whooping cough. Encourage moms to breastfeed; this also helps babies stay healthy. Find [flu information and free patient education resources](#) online.

Improving Healthcare Provider Vaccination

A focus area of the Affordable Care Act Adult Immunization Grant: Prevention and Public Health Fund is to improve the number of healthcare providers who get vaccinated. Staff from 20 local health jurisdictions will work on this project with provider offices and clinics. Initially, by survey, local health will learn about healthcare worker vaccination policies and practices in clinic settings. They'll use the results to recruit provider offices and clinics. They'll offer technical assistance to them to apply quality improvement efforts using evidence-based strategies to improve provider vaccination. The project goes through next spring. For more information, contact [Marci Getz](#) at 360-236-3534.

Ask the Nurses, Continued from Page 5

Q: A kindergartener got Pentacel (the combination DTaP-IPV/Hib vaccine) at ages 2, 4, 6, and 15 months. Does this student need a fifth dose of IPV vaccine to comply with the requirements?

A: If the student got dose four in 2008, then he or she does not need another dose of IPV vaccine. If the student got dose four after August 7, 2009, then he or she does need another dose of IPV vaccine after age four.

immunization information system >>>



Sherry Riddick Receives Lifetime Achievement Award

Sherry Riddick, Immunization Information System Manager, received a Lifetime Achievement Service Award from the American Immunization Registry Association (AIRA) at its national conference in September. Sherry plans to retire at the end of 2012.

Since 1998, Sherry has provided outstanding leadership to the Washington State Immunization Information System (formerly Child Profile Immunization Registry). She oversees daily operations of the system, including:

- Recruitment and training of healthcare providers (96 percent of Washington providers now actively participate).
- Operation of a statewide help desk often praised for its customer service.
- Shift in 2004 to a better Web-based system. This involved training over 400 healthcare facilities and over 1100 users.
- Growth of system data from health plans and providers, including batch data and HL7 interfaces.
- Maintenance and enhancements of system data quality. This resulted in more timely, up-to-date, and accurate data. The system now holds 5.9 million active patient records and 57 million immunizations.

Sherry has also been very active in strategic planning, resulting in integration of the system into work of the state Office of Immunization and Child Profile. Sherry helped grow the system in our state and build its strong reputation.



(l-r) Mary Beth Kurilo, AIRA Board President; Sherry Riddick, Immunization Information System Manager

Somehow, on top of all this, Sherry served as AIRA president. She lead committees, developed best practices for system operations, and wrote grants and strategic plans for the organization. The immunization information system community benefits from Sherry's leadership and will for many years to come.

Her current and former staff attest to these and many other contributions, along with her easy-going, gracious, and always upbeat style. Sherry will be greatly missed!

page, include information in this newsletter, and send e-mails through the [School and Child Care Listserv](#).

Public and private schools

- This fall, schools will report online through a new reporting module in the Washington State Immunization Information System (formerly Child Profile Immunization Registry).
- Those who submit a school report need to register before using the new reporting system, even if they already use the Immunization Information System to view students' records. Registering only allows you to report in the new reporting system.

school & child care >>>



Required Immunization Status Reports Due

Washington State law requires all public and private schools, pre-schools, and licensed child care centers to complete and file an Immunization Status Report each year by November 1. Due to technical difficulties, the deadline for reporting for schools is extended to December 15, 2012 for this school year only.

We're changing the process for schools to report this year to be more efficient and increase the number of schools meeting legal requirements to report. This change doesn't affect preschools and child care centers (see more information below).

We no longer mail information about the reporting requirement. Instead, we'll post information on our web-

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resources & updates >>>



Immunization Materials Update

Free immunization materials are available from the Office of Immunization and Child Profile. Visit the [Forms and Publications page](#) to view and order materials.

New or Revised Materials	Format	Language(s)
Plain Talk About Childhood Immunization, booklet (available in late fall 2012)	Online and print	English, Spanish, and Russian (online only)
Protect Your Family From the Flu, brochure	Online and print	English and Spanish
Whooping Cough Epidemic. Get Your Tdap Shot, poster	Online and print	English

Learn More About the Immunization Action Coalition of Washington

The Immunization Action Coalition of Washington works to increase public awareness about the importance of immunizations and achieve and maintain effective coverage levels of recommended immunizations for infants, children, adolescents, and adults in Washington State.

So far this year, the coalition has worked to update the [“Plain Talk About Childhood Immunizations”](#) booklet, a joint project with the Department of Health. It revamped its [Immunizations: Protect Yourself, Protect Your Patients](#) toolkit to help raise immunization rates in health-care workers. It also put together a continuing education course for child care providers on immunizations.

Each year the coalition creates laminated pocket cards with the recommended and catch-up immunization schedules for kids aged birth to 18

years. The cards are free and get distributed to clinicians across the state. Find the [cards and other resources](#) online.

The coalition’s next quarterly meeting on October 17 from noon to 2:00 p.m. will feature guest speakers who will talk about understanding and promoting immunizations in our state’s Russian-speaking and East African communities. To attend in person, go to the [Shoreline Conference Center](#) Ballinger Room, or view by Webinar. The coalition’s Adult Immunization and Public Awareness and Education Committees also meet quarterly. The coalition always welcomes new members. Learn more about the [coalition’s quarterly and committee meetings](#) online or contact [Sara Jaye Sanford](#) at 206-830-5175.

Office of Immunization & Child Profile Staff Updates

New to the office

Carri Comer, Prevention and Public Health Fund Public Health Reimbursement grant lead, joined the office in September. She’ll work with local health on the reimbursement grant. Previously, Carri worked in Department of Health HIV Client Services. Contact Carri at 360-236-3620 or carri.comer@doh.wa.gov.

Mariama Gondo, Prevention and Public Health Fund grant coordinator, joined the office in September. She’ll

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Print the CIS from the Immunization Information System

Help parents submit the required Certificate of Immunization Status (CIS) by printing it from the Washington State Immunization Information System (formerly Child Profile Immunization Registry) already filled out. The system fills in the form with the student’s name and all immunizations healthcare providers entered into the system. This saves time for parents and school and child care staff. Parents only need to add missing immunizations or update the form before signing it.

All providers, schools, and Head Start/ECEAP program staff with access to the system can print the CIS. Find [printing instructions](#) (under Patient Specific Reports/State Reports) online. [Learn how to access the system online.](#)

Status Reports Due, Continued from Page 7

- After registering, we'll e-mail a username, temporary password, and links to training resources. Schools will also get e-mails after reporting or reminder e-mails if they still need to report.
- If you haven't already done so, [register online](#) as soon as you can.
- When you're ready to submit your report online, access the [new online reporting system](#).
- Find [instructions and watch a training video](#) on the reporting system online.
- Schools without Internet access can still mail a completed report. [Download a reporting form for schools](#) online.

Preschools and child care centers

- Preschools and child care centers will not use the new reporting system this year. We're focused on adding only public and private schools to the new system for this year. Child care centers and preschools will start to use the system in 2013.
- This fall, fill out the 2012 preschools and child care centers yearly immunization status report and mail it to the Department of Health Office of Immunization and Child Profile at PO Box 47843, Olympia, Washington 98504-7843.
- [Download an immunization reporting form for preschools and child care centers](#) online.
- If you prefer to send an electronic file instead of a hard copy, e-mail a request to do this to oi cpschools@doh.wa.gov. We will send you specifications for your electronic file.

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work to enhance how the Washington State Immunization Information System exchanges data with the Centers for Disease Control and Prevention's VTrckS system. Contact Mariama at 360-236-3647 or mariama.gondo@doh.wa.gov.

Position changes

Jeniffer Hansen completed her temporary assignment as Project Coordinator for the Perinatal Hepatitis B Hospital Policy Survey. She'll stay in our office through February 2013 to help with Vaccines for Children site visit and Perinatal Hepatitis B report tracking. Contact Jeni at 360-236-3569 or jeniffer.hansen@doh.wa.gov.

Certificate of Exemption

The Department of Health updated the Certificate of Exemption in 2011. The current certificate includes changes to the new exemption law that took effect on July 22, 2011. Get rid of any blank copies of the old version and only hand out the current certificate. In order for parents with new exemptions to meet the new legal requirements, they need to use the current certificate. Find the [English and Spanish certificates](#) online. Find information about [changes to the exemption law](#) online.

Important School & Child Care Resources

New school immunization requirements training videos

Do you learn best by hearing as well as seeing important information? We have new training videos in which you can hear about the school immunization requirements and see specific case examples that may occur with your students. The videos cover topics like why some kids need four doses of IPV vaccine to comply with requirements while some may need only three. We also cover the new Tdap vaccine requirement that allows a dose at age seven for catch-up and doesn't require a five-year interval between DTaP/Td and Tdap vaccines.

[Watch the three-part videos](#) online. They include information on:

- The Washington State Immunization Information System (formerly Child Profile Immunization Registry) as it relates to schools.
- Basic school immunization requirements.
- Detailed school immunization requirements and common exceptions using examples from the Immunization Information System.

Updated individual vaccine requirements summary

Do you need help reviewing the Certificate of Immunization Status? Do you have trouble figuring out if a student complies with immunization requirements? Check out the updated [Individual Vaccine Requirements Summary](#). It answers many questions about IPV and Tdap vaccines and other immunization requirements.

*vaccine
management >>>*



MMRV Vaccine Update

We expect MMRV vaccine to return to the market in October 2012. MMRV is a combination vaccine and will be available to all healthcare providers on their vaccine order set starting in October. Start planning now for how this will change your single component varicella and MMR vaccine orders. Consider how much MMRV vaccine to order based on the patients you see and how it fits with their vaccination schedules. Manage your inventory carefully to make sure vaccine is not wasted. Remember, MMRV vaccine is a frozen vaccine, and your freezer must maintain the appropriate temperatures to store it.

Find [prescribing information](#) and [Advisory Committee on Immunization Practices recommendations for MMRV vaccine](#) online.

Prevention & Public Health Fund Grants Awarded

The Office of Immunization and Child Profile got two additional Prevention and Public Health Fund grants totaling \$1.8 million. The grant period started at the end of July 2012 and ends August 31, 2014.

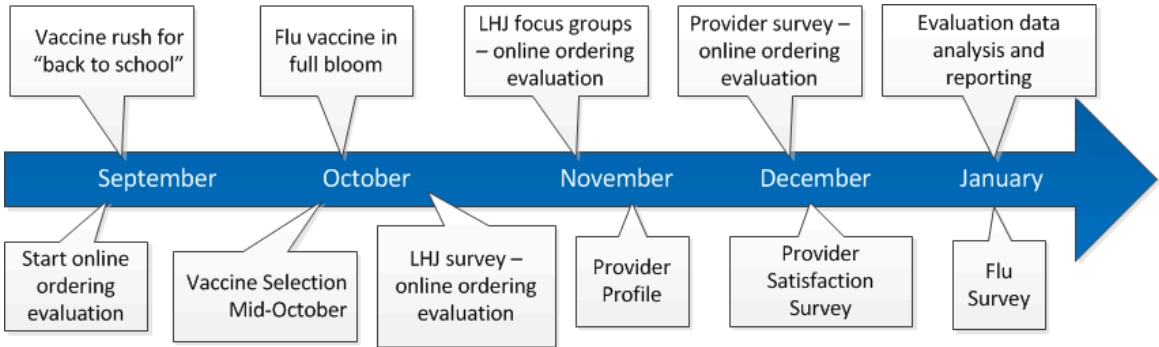
One of the grants on public health reimbursement will support local health billing efforts with private health insurance. We will fund local health to train and enhance immunization billing practices. The other grant, VTrckS-Immunization Information System (IIS) interface, focuses on improving how we use our Immunization Information System and the Centers for Disease Control and Prevention VTrckS system for vaccine ordering and inventory management. We will fund local health to work with healthcare providers on these areas.

We hired project coordinators for both grants. Look for more information about these projects soon. If you have questions, contact [Jan Hicks-Thomson](#) at 360-236-3578.

Vaccine Management Calendar of Events

The next few months will be busy for vaccine management activities. Besides the rush on back-to-school vaccines and the ramp up for flu vaccination, September brings the start of our provider evaluation of online vaccine ordering. The evaluation runs through the end of 2012, with an analysis and report due in January 2013. We look forward to feedback from local health and healthcare providers.

In October we'll open vaccine selection for providers who want to change their vaccine order set. We'll start collecting Provider Profile data in November with submission due by the beginning of December. In December, we'll do the bi-annual provider satisfaction survey. We also expect to start state pilot projects for online provider reenrollment and paperless vaccine orders by the end of the year.



Historical Vaccine Orders Clean-up

You asked and we delivered! The week of August 6, 2012, we cleared off the inbound orders from the vaccine order screen of the Washington State Immunization Information System (formerly Child Profile Immunization Registry). We archived all the vaccine orders submitted before 2012 with a status of approved or shipped. Healthcare providers may use the Search History function in the system to review old orders.

Now that the Create/View Order screen is cleaned up, providers should:

- Delete denied orders. To delete a denied order, open the order and click the delete button on the bottom of the screen.
- Start to receive vaccine orders in the system. This automatically removes them from the inbound order screen and supports online inventory management.

For more information about receiving vaccine in the system, view our [online video training and quick tip reference guides](#).



vfc idea corner >>>

The tips below are easy to incorporate. Each one has more than one benefit to you during site visits.

Tip: Include the [Vaccine Incident Report Form](#) as part of the [Vaccine Wastage Plan](#) template. This ensures the healthcare provider office has the necessary forms as part of its protocol.

Tip: Give providers a clean copy of the [Temperature Monitoring Log](#) (updated July 2011). Many offices make copies of old versions. After so many copies are made, it's hard to see the out-of-range warnings on the form.

Tip: Show providers how to [sign up to get notices of Vaccine Information Statement \(VIS\) updates](#). This helps providers make sure they're giving out the most current VISs to patients. It helps you and the provider if there are not VIS corrective actions during a site visit.

Childhood Flu Vaccine Update

2012-2013 seasonal flu vaccine now available

The State Childhood Vaccine Program started processing childhood flu vaccine orders on July 30. This marks the earliest date for vaccine availability in the history of the program. We expect to have 721,530 doses available by the end of October. Healthcare providers should contact their local health department for ordering information. We'll update our [Flu Supply and Distribution](#) webpage as more vaccines become available.

Childhood Flu Vaccine by the Numbers (as of October 4, 2012):

- Number of providers who've ordered flu vaccine: 906.
- Number of pediatric (.25mL) flu vaccine doses ordered: 92,470.
- Number of flu vaccine doses ordered for kids three and older: 204,170.
- Total doses of childhood flu vaccine expected this season: 721,530.

Things to keep in mind throughout flu season:

- Flu is a serious disease and everyone is at risk.
- Vaccines are safe and effective.
- Providers should start giving flu vaccine as soon as it's available and keep vaccinating throughout the season.

Is your FluMist vaccine about to expire?

MedImmune is partnering with McKesson to replace unused, expiring doses of Flumist at no cost. To qualify for replacement doses, your unused doses of state-supplied FluMist must expire on or before January 31, 2013. The request for replacement doses must be submitted 15 days prior to the expiration date. See the [FluMist 2012-2013 Replacement Program instructions](#) for more details.

Do you have ideas, tips, or good resources to share? Do you have something that helps you do your work in an easier and smarter way? Please e-mail katherine.harris-wollburg@doh.wa.gov.

Immunization Update from the Office Director, Continued from Page 1

Our overall rate increased because of improvements in coverage for some of the vaccinations in the series. Increases in rates for DTaP, chickenpox, and pneumococcal helped improve our overall rate. The goal for each type of vaccination is 90 percent coverage. Find these [data on CDC's website](#).

Teen immunization coverage data also holds some good news. Rates for Tdap vaccination increased from 71 percent in 2010 to 75 percent in 2011. Our state continues to have one of the highest coverage rates for the first dose of HPV vaccine for females. However, completion of the three-dose series is a problem for us and the nation. Find [teen immunization coverage data on CDC's website](#).

These improvements are due to the continued partnership between private and public health to address immunization access and vaccine hesitancy so we can improve protections from the diseases that vaccines prevent. It's a complex system of care that involves parents, healthcare providers, public health, school and child care, and stakeholders. We've been figuring out how to work better together and it's showing in our immunization coverage rates. Thank you!